

# 28 Session Evaluation

## **Feedback on Training Session**

We would like to receive your input into this training session. Please fill out the feedback form and return it to the trainer.

# Training Program Evaluation

In our efforts to continuously improve this training program, we would appreciate your candid responses to all of the following questions. Thank you for your help and cooperation.

**Your Name:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_ **Course Location:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Training Materials.** I found the training materials to be:

Strongly  
Agree  
Agree  
Undecided  
Disagree  
Strongly  
Disagree

- |                                       |                          |                          |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Well organized .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Useful to me back on the job ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Clearly written .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accurate .....                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Easy to use .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Valuable to my learning .....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Other Comments:*

## Training Program Content

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. The skills and concepts taught were relevant to my job ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The program content was challenging .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The program content was covered in sufficient detail .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Other Comments:*

## Training Program Design

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. The skill practices will help me back on the job .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The group exercises were effective at increasing participation ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Time was used effectively during the training program .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Other Comments:*

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
<b>The instructor(s):</b>					
13. Demonstrated a thorough understanding of the program content .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maintained an appropriate pace for learning .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Clearly explained instructions for the exercises.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Instructed the program at a level appropriate to the group .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Created a comfortable environment in which to ask questions and express concerns .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other Comments:*

<b>Overall Experience</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Attending this training program was a good use of my time .....					
19. My learning objectives were met.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I've developed skills that can be readily applied to my job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other Comments:*

### Open-Ended Responses

21. The most relevant topics covered were:

22. If some topics had to be left out, I would choose to omit:

23. What else would you like us to know about the program materials, content, design, or instructor?